

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042558
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 84

FILED NOV 12 1963

1. PLACE OF DEATH
a. COUNTY Stoddard

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Dexter Length of stay in lb life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 15 S. Kitchen St. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Stoddard

c. CITY OR TOWN Dexter Inside Limits Yes ☒ No ☐

d. STREET ADDRESS 15 S. Kitchen St. (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last
Lonzo W. Henson

4. DATE OF DEATH Month Day Year
October 10, 1963

5. SEX male

6. COLOR OR RACE white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1-22-1906

9. AGE (last birthday) 57

IF UNDER 1 YEAR Months Days

IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Filling station employee

11. BIRTHPLACE (City and state or country) Dexter, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME

John Henson

13b. MOTHER'S MAIDEN NAME

Nettie Brown

14. NAME OF HUSBAND OR WIFE

Alice Henson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of no

16. SOCIAL SECURITY NO. 68

17. INFORMANT Address Alice Henson Dexter, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occulison

INTERVAL BETWEEN ONSET AND DEATH sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at 10 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Mark Watkins, Coroner

22b. ADDRESS

Dexter, Missouri

22c. DATE SIGNED

10-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

10-13-63

23c. NAME OF CEMETERY OR CREMATORY

Hagy Cemetery

23d. LOCATION (City, town, or county) (State)

Dexter, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Watkins & Sons Dexter, Mo.

25. DATE RECD. BY LOCAL REG.

11/8/63

26. REGISTRAR'S SIGNATURE

Delma V. Jensen

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

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NOV 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Mark Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.